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April 9, 2018

The Honorable Greg Walden Chairman House Committee on Energy and Commerce 2185 Rayburn House Office Building 237 Cannon House Office Building Washington, DC 20515

The Honorable Michael Burgess Chairman Health Subcommittee House Committee on Energy and Commerce Washington, DC 20515

The Honorable Frank Pallone Ranking Member House Committee on Energy and Commerce Washington, DC 20515

The Honorable Gene Green Ranking Member Health Subcommittee House Committee on Energy and Commerce 2125 Rayburn House Office Building 2322A Rayburn House Office Building Washington, DC 20515

Re: Support for H.R. 4005 - Medicaid Reentry Act

Dear Chairmen Walden and Burgess and Ranking Members Pallone and Green,

On behalf of the American Society of Addiction Medicine (ASAM), the nation's oldest and largest medical specialty society representing nearly 5,000 physicians and allied health professionals who specialize in the prevention and treatment of addiction, I write to express ASAM's support for Rep. Tonko's Medicaid Reentry Act (H.R. 4005), which will be considered during the Health Subcommittee's April 11th hearing entitled, "Combating the Opioid Crisis: Improving the Ability of Medicare and Medicaid to Provide Care For Patients."

The risk of opioid-related overdose death dramatically increases in the first days and weeks after an individual with untreated opioid use disorder is released from jail or prison. Providing treatment access during incarceration and warm handoffs to community-based care upon release can reduce this risk and help save lives. A recent joint policy statement by ASAM and the American Correctional Association (ACA) recommends that an individual's reentry needs be addressed at

least one month prior to release to avoid any interruption in treatment, as an immediate appointment at an appropriate clinic upon release from incarceration is critical for treatment continuity for persons with opioid use disorder. Additionally, it recommends that treatment induction for those individuals who choose medication treatment for their disease begin at least 30 days prior to release. Passing legislation to facilitate pre-release treatment and connections to community-based care for individuals released from the criminal justice system should be a key part of a comprehensive Congressional response to the ongoing opioid addiction and overdose death epidemic.

Mr. Tonko's bill addresses this need directly by granting states limited new flexibility to restart benefits for Medicaid-eligible incarcerated individuals 30 days prior to release. With this flexibility, states would be able to facilitate access to medication treatment for inmates prior to release and better coordinate care with community providers, allowing for uninterrupted, evidence-based treatment for these individuals during a transition when they are at heightened risk of overdose and death. This legislation does not expand Medicaid eligibility. ASAM is pleased to support H.R. 4005, the Medicaid Reentry Act, and strongly recommends it be included in any final opioid-related legislation package sent to the House floor.

Sincerely,

Kelly J. Clark, MD, MBA, DFASAM

Kelly J. Clark

President, American Society of Addiction Medicine

¹ Binswanger IA, Blatchford PJ, Mueller SR, and Stern MF. Mortality After Prison Release: Opioid Overdose and Other Causes of Death, Risk Factors, and Time Trends From 1999 to 2009. Ann Intern Med 2013 Nov 5; 159(9): 592–600.

ii The American Correctional Association and the American Society of Addiction Medicine. Joint Public Correctional Policy Statement on the Treatment of Opioid Use Disorders for Justice Involved Individuals. February 2018. Available at: https://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement-on-the-treatment-of-opioid-use-disorders-for-justice-involved-individuals